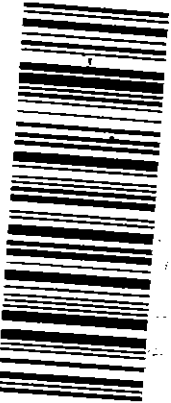


1. *Journal of the American Medical Association*, 1997; 277: 1001-1005.



7160 3901 9842 8021 8892

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

1. Article Addressed to: ☐ Yes ☐ No

**FCI MCKEAY PRISON MEDICAL DEPARTMENT
P.O. BOX 5000
BRADFORD, PA. 16701**

5-1808,0/S/C,3/9/06,SR8

PS Form 3811, January 2003

COMPLETE THIS SECTION ON DELIVERY

A. Received By (Please Print Clearly)

C. Signature *Dave*

B. Date of Delivery

X

D. Is delivery address different from item 1? If YES, enter delivery address below

Agent's Address: Yes ☐ No ☐

Domestic Return Receipt